

A Chance for Every Child

PROPOSITION 10 STRATEGIC PLAN



June 2000

A Chance for Every Child

Proposition 10 Strategic Plan

Prepared for

Santa Clara County Children & Families First Commission

Strategic Plan prepared by

Santa Clara County Social Services Agency

The MIG Team

On behalf of

The Early Childhood Development Collaborative

Allocation Process prepared by

Community Crime Prevention Associates

Evaluation Plan prepared by

Harder + Company Community Research

June 2000



Santa Clara County

June 14, 2000

Community Partners,

It gives us great pleasure to send you our final version of the Santa Clara County Children and Families First Strategic Plan: *A Chance for Every Child*.

Early childhood development has been a priority in Santa Clara County prior to the passage of Proposition 10. As many of you already know, while Chair of the Board of Supervisors in 1998, I initiated the formation of the Early Childhood Development Collaborative. Its initial objective was to develop a countywide plan to promote the healthy development of children pre-natal to age five. With the passage of Proposition 10, the ECDC assumed the role of drafting our strategic plan.

The Commission extends our deepest appreciation to all of the individuals who stepped forward and accepted this monumental and historical challenge to develop a comprehensive plan that ensures our young children flourish. Thanks to their efforts, the strategic plan is a compilation of the 1200 community voices that were heard at over 60 community meetings. The plan embodies our community's common vision and commitment towards making young children a priority in our county.

Our efforts, however, are far from complete. Now, the time has come for all of us to carry out this plan in order to realize great outcomes for our young children. Today, we invite all to

become partners—parents, healthcare providers, stakeholders—in building a better life for our children.

With our concerted commitment and interest, we will provide more quality child care, enhance health care services, foster safe neighborhoods, and offer many more supportive services—in order to guarantee *A Chance for Every Child*.

Sincerely,



Blanca Alvarado
Chairperson
Children and Families First Commission

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Woven throughout the following document are statements from just some of the many participants in the planning process. We are honored to be able to present their hopes and dreams as the heart and soul of the following plan.

Strategic Plan prepared by

SANTA CLARA COUNTY SOCIAL SERVICES AGENCY

Kate Welty, Project Coordinator

THE MIG TEAM

Carolyn Verheyen, Principal-in-Charge,
MIG, Inc.

Bruce Riordan, Project Manager,
Elmwood Consulting

Lysa Hale, Project Associate,
Synapse Strategies

On behalf of

**THE EARLY CHILDHOOD DEVELOPMENT
COLLABORATIVE**

Allocation Process prepared by

COMMUNITY CRIME PREVENTION ASSOCIATES

Peter Ellis, Shirly Lee, Willie Ellison

Evaluation Plan prepared by

HARDER + COMPANY COMMUNITY RESEARCH

Paul Harder, Michelle Magee

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title page (Ed Canalin), 10 (MIG), 32 (Tim
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Medina), 62 (MIG).*

Acknowledgments

Santa Clara County Children and Families First Commission

Chair, Blanca Alvarado, Santa Clara County Board of Supervisors

Vice-Chair, Cora Tomalinas, RN, Kaiser Permanente and PACT Member

Julie Duncan, Director of Program Services, Via Rehabilitation

Akemi Flynn, Division Director, Catholic Charities

Yolanda Garcia, Children's Services Director, Santa Clara County Office of Education

Yolanda Lenier Rinaldo, Director, Santa Clara County Social Services Agency

Caroline Panches, Development Director, HOPE Rehabilitation Services

Cindy Ruby, Trustee/Board President, Saratoga Union Elementary School District

Robert Sillen, Director, Santa Clara Valley Health and Hospital System

Interim Santa Clara County Children and Families First Commission Staff

COUNTY EXECUTIVE'S OFFICE

Alice Foster, Deputy County Executive

Paula Lacey, Senior Management Analyst

Reshma Ruzicka, Principal Program Analyst

Allison Rootsart, Executive Assistant

Early Childhood Development Collaborative Steering Team

Taura Anderson, Chandler Tripp School

Kali Azariah, Bay Area 2nd Mom

Noemi E. Baiza, Community Member

Sharon Keating Beauregard, Lucile Packard Foundation for Children's Health

Don Bolce, County Office of Education

Rhonda McClinton Brown, Community Health Partnership

Megan Bui, Southeast Asian Community Center

Mayra Cruz, Child Development Educator

John Folck, YWCA in Santa Clara Valley

Admina Frame, Choices for Children

Julie Grisham, Public Health Department/ Maternal, Child & Adolescent Health

Giuliana Halasz, Professional Association of Childhood Educators

Melody Hames, Economic & Social Opportunities

Ilene Hertz, City of Palo Alto

Judy Kleinberg, Kids in Common

Julie Kurtz, Families First

Charlene Della Maggiore, Creative Family Connections, Inc.

Margo Maida, School-Linked Services

Denise Marchu, Santa Clara County Foster/Adoptive Parent Association

Marcia Newey, San Jose Unified School District

My Linh Pham, Vietnamese Voluntary Foundation, Inc.

Thad Padua, O'Connor Hospital

Nancy Pena, Mental Health Administration

Aimee Reedy, Public Health Department/ Planning & Evaluation

Santa Clara County

Mary Jane Smith, Department of Family & Children's Services
Diane Stephens, Parent
Gloria Sul, County Office of Education Alternative School
Kim Chi Trieu, Social Services Agency/Refugee Planning
Pam Von Wiegand, YMCA of Santa Clara Valley
Barbara Yamamoto, Department of Family and Children's Services/Family Conference Institute

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Celia Pedroza, Office of County Supervisor
Blanca Alvarado
Caroline Judy, Office of County Supervisor
Jim Beall
Stephani Becker, Kids in Common
Margi Doyle, O'Connor Hospital
Rosa Elaine Garcia, Professional Association of Childhood Educators
Mindy Stewart, Department of Family & Children's Services

Early Childhood Development Collaborative Project Staff

SOCIAL SERVICES AGENCY

Jolene Smith, Project Manager
Kate Welty, Project Coordinator
Evelyn Romero Medina, Communications Coordinator
Tony Trieu, Outreach Coordinator
Marena Cortez, Project Assistant

Early Childhood Development Collaborative Consulting Team

MOORE IACOFANO GOLTSMAN, INC. (MIG)

Carolyn Verheyen, Principal-in-Charge
Andy Pendoley, Project Associate

ELMWOOD CONSULTING

Bruce Riordan, Project Manager

SYNAPSE STRATEGIES

Lysa Hale, Project Associate

Outreach Support

PUBLIC HEALTH DEPARTMENT

Kathy Wahl
Alma Burrell
Jane Gremmel
Jean Ernst

Allocation Consulting Team

COMMUNITY CRIME PREVENTION ASSOCIATES

Peter Ellis, Shirley Lee, Willie Ellison

Evaluation Consulting Team

HARDER + COMPANY COMMUNITY RESEARCH

Paul Harder, Michelle Magee

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We applaud you, Santa Clara County — this is truly your plan!

Executive Summary

IN THE FUTURE IN SANTA CLARA COUNTY:

All our children thrive—physically, emotionally, intellectually and spiritually—inclusive of all social and economic status, culture, life experience and special needs. To support them, families across the county’s rich mix of ethnicities, cultures, generations and lifestyles have quality housing, education, food, health care, child care and transportation. Providing a circle of support for families, the entire community shares responsibility for the care and nurturing of our children.

Stimulating, affordable child care and preschools. Confident, self-sufficient parents and caregivers. Medical care that is accessible, financially, culturally and physically. Safe streets and neighborhoods. A place to turn for families who don’t know where to go. A good life. A future.

A chance for every child.

Today we know more than ever about the influence of early experiences on a child’s emotional and physical health, educational success and future economic well-being. All of these outcomes hinge, in large part, on their experiences before entering first grade. Recent research showing the lasting impact of environment on a child’s brain development in the first three years clearly demonstrates the importance of a healthy start.

Proposition 10

To address these issues, California voters approved Proposition 10, the California Children and Families First Initiative, in November 1998. Prop. 10 raised the tax on tobacco products by \$.50 a pack to pay for programs to promote the healthy development of young children—from before birth to age 5. The legislation called for a new state commission and local commissions to administer the



program. Eighty percent of revenues generated by the new tax were earmarked for county commissions to support local programs for children and families.

A strategic plan for Santa Clara County

In Santa Clara County, the Children and Families First Commission is charged with adopting and implementing a strategic plan for spending Prop. 10 funds, initially expected to total \$27.5 million annually (but declining in subsequent years). The commission asked the Early Childhood Development Collaborative to lead a community-based process to develop the strategic plan. The Collaborative was founded by County Supervisor Blanca Alvarado in January 1998 as a call to action to offer a “chance for every child.” She hoped the Collaborative would build on early brain research and the county’s resources, so all children could aspire to the “highest lifetime achievements.”

OUR PLANNING PROCESS

More than a thousand Santa Clara County residents have worked together in a comprehensive process over the last year to create the Prop. 10 Strategic Plan. The planning process was composed of these basic elements:

Community input and engagement

Santa Clara County families and other advocates for children were asked throughout the process to comment on the key challenges affecting young children and *what should be done to address them.*

Expert/partner guidance

Special teams of “expert partners” who have worked for years to support families and young children were brought together at each stage of the process to discuss and strategize on specific early childhood development topics.

Data collection and analysis

Data were collected and analyzed on needs, resources, service gaps and “best practices” to provide a firm foundation for the strategic plan.

A six-step planning process was followed:

- Step One: Identify Needs, Assets and Gaps
- Step Two: Develop Goals, Objectives and Indicators
- Step Three: Develop Strategies, Programs, Services and Projects
- Step Four: Establish Funding Priorities
- Step Five: Develop an Allocation Process
- Step Six: Develop an Evaluation Plan

Children in Santa Clara County

Santa Clara County's children are growing up in an environment that has shifted seemingly overnight from an agricultural-based economy to an information technology-based one. With that shift has come a widening in the income gap and a substantial increase in the percentage of children living in poverty. At the same time, our 160,000 children age 5 or under are even more diverse than the adult population, where no ethnic group dominates any longer.

Community voices

Five basic messages emerged from discussions with families and those who work with them:

- Families need the “basics” of modern life: adequate financial resources, education, affordable housing, sufficient food, good transportation and a healthy, safe community.
- The multifaceted needs of the county's youngest children demand that we build an integrated system of services that parents can access easily before their children enter school.
- Resources and services for children and families must be provided in such a way that they are used and embraced by families of all

languages, cultures, ethnicities and different needs.

- Families need to be involved in designing and implementing solutions.
- A greater emphasis should be placed on prevention and early intervention.

Gaps

Through an extensive needs assessment involving both quantitative and qualitative research, we have identified the following major gaps in four broad categories.

Safe, stable, stimulating homes

Primary gaps affecting parents and families are the lack of assistance and support they receive and the lack of information about existing services. Many families do not have sufficient income, housing and transportation, and children need more protection from abuse, neglect and domestic violence. Too many children are in the child welfare system, and there is a shortage of foster and adoptive families, especially for children of color.

Healthy children

Gaps were identified concerning health insurance, the complexity of health services and lack of preventive care. Gaps also were identified in the use of prenatal care, nutrition for children, dental and mental health services, care for children with special needs, as well as services to reduce alcohol, drug and tobacco use, and teen birth rates.

Children prepared to succeed in school

Gaps were identified in the areas of child care staffing and supply, child care costs and lack of subsidy funding, quality of child care, lack of care during non-traditional hours, and lack of culturally appropriate and special needs care. Learning differences are not being identified and addressed.

Safe neighborhoods and communities

For neighborhoods and communities, racism and lack of tolerance are gaps, as are unsafe parks and streets. More children need to be protected from injury. Communities and neighborhoods need to be more supportive to families and offer more safe places for children and youth to play. Air quality and other environmental issues also need to be addressed.

Goals and Objectives

Through the planning process, participants defined both broad and specific results to be achieved over the next five years. In addition, a set of community-wide indicators was developed to help the Children and Families First Commission to gauge progress toward improving the overall condition of young children and families in our community. The goals, long-term objectives and short-term objectives are shown below (with objectives in abbreviated text). Long-term objectives are those to be attained within four to five years, while short-term objectives should be achieved within one to three years. Long-term objectives marked with an asterisk (*) are those that have the greatest potential for achieving the goal.

GOAL 1

Families provide safe, stable, loving and stimulating homes for children.

LONG-TERM OBJECTIVES

- A. More parents who feel knowledgeable and confident about raising healthy children.*
- B. More children living in homes free of the effects of drug and alcohol abuse.*

- C. Fewer incidences of violence in the home.*
- D. More families who can afford food, child care, health care, housing and transportation.*
- E. More young children in the child welfare system who find permanent homes within 18 months of placement.*

SHORT-TERM OBJECTIVES

- a. More families with access to information and assistance in their preferred language.
- b. Greater capacity to provide parent support services.
- c. More support and services for families who foster or adopt children age 0 to 5 in the child welfare system.

GOAL 2

All children are born healthy and experience optimal health.

LONG-TERM OBJECTIVES

- A. More babies born healthy.*
- B. Fewer expectant mothers who drink alcohol, smoke and use other drugs.*

- C. Fewer young children exposed to tobacco smoke at home.
- D. More children who are up-to-date with immunizations at age 2.
- E. Fewer young children with health problems because they don't eat healthy food.*
- F. Fewer young children with anemia.*
- G. Fewer children age 2 to 4 with cavities in their primary teeth.*
- H. Fewer preventable hospitalizations for chronic illness among young children, such as pediatric asthma, pneumonia or influenza.*
- I. Fewer parents and young children with mental and behavioral problems.*
- J. Fewer young children with high levels of lead in their blood.

SHORT-TERM OBJECTIVES

- a. More families and children with health insurance.
- b. More mothers getting prenatal care in the first trimester.

- c. More young children with regular medical care who receive regular primary care and dental care services.
- d. More children with access to healthy food.
- e. More women who breastfeed their infants 3 to 6 months.
- f. Fewer high-ozone days per year in the Santa Clara Valley.
- g. More access to mental health care for young children and their families.

GOAL 3

Young children actively learn about themselves and their world, both inside and outside the home, and enter school fully prepared to succeed academically, emotionally and socially.

LONG-TERM OBJECTIVES

- A. More parents who can read.
- B. More parents who understand and are able to support the healthy development of children 0 to 5.
- C. More children entering kindergarten ready for school.*

SHORT-TERM OBJECTIVES

- a. More parents in family literacy programs.
- b. More families using the library.
- c. More reading activities.
- d. Greater access to parent education regarding healthy child development.
- e. More subsidized child care slots.
- f. More licensed child care facilities.
- g. More fully qualified/permitted early childhood development teachers.
- h. Less turnover among early childhood development teachers.
- i. More family child care homes and centers that meet nationally recommended standards of quality.
- j. More early screening and intervention for developmental delays in children.

GOAL 4

Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected.

LONG-TERM OBJECTIVES

- A. More young children who are safe walking, bicycling, playing or riding in a car in their communities.
- B. More families and children who feel accepted in their communities and not negatively affected by prejudice.*
- C. More families with young children connected to neighbors and other community members.*

SHORT-TERM OBJECTIVES

- a. More safe indoor and outdoor places in the community where families can gather and play.
- b. Better traffic safety in neighborhoods.
- c. More cross-cultural activities in communities for families and children.
- d. More young children with at least one positive adult role model.

Proposed Strategies and Funding Priorities

The strategies listed below are the recommended programs, projects and services to improve the lives of children and families in Santa Clara County. They were developed through a coordinated effort involving parents, experts, policy-makers and others with experience in children and family issues. All strategies should incorporate emergency assistance where appropriate as well as provide transportation and other services to increase access to programs.

Priority strategies

(designated for funding within the first three years)

1. Establish a comprehensive **education and support program for parents** and all other primary caregivers that could include parent education, self-improvement and self-sufficiency programs, smoking cessation, domestic violence prevention, youth/teen parenting, support programs for all types of parents, special support for those with special needs, recruitment/retention program for Latino and African-American foster/adoptive families, respite care for all parents,

forums for parents to talk about values, orientations for new immigrant families, and education about nutrition and car seat safety.

Recommended Funding Level 18%

2. Develop a comprehensive, coordinated system of **one-stop service and family resource centers** to provide information and assistance with all types of health, child care, parent education, domestic violence prevention and other needs, including outreach and referral services. Incorporate tutoring assistance and expand reading program for young children. Centers should be neighborhood-based, co-located at other community centers, close to public transportation, intergenerational, free or with a sliding scale fee for those who can afford it, inclusive and culturally appropriate.

Recommended Funding Level 10%

3. Create a comprehensive, **countywide information and referral** system that is culturally and linguistically appropriate and accessible by one-stop/community centers. It should include online and telephone access, as well as integrated and user-friendly child care information/referral and referrals

to multilingual domestic violence hotlines. It will be used by families (information/education), case managers (identification and referral, system navigation) and providers (identification and referrals). It will be promoted via city resource guides, an expanded “ambassador program” and a public awareness campaign.

Recommended Funding Level 3%

4. Foster and strengthen a network of **locally available health services**—including well-child services, enhanced prenatal care, improved dental services, expanded mental health services, substance abuse prevention services, health assistance for children with special needs and low-income families, services for parents of children with physical and mental anomalies, and an expanded reading program for young children—that will provide a more accessible, customer-oriented system of care for all county residents. Services should be integrated through coordination, co-location and partnerships, but be tailored for local needs. The network could include a user-friendly case management system, expanded health outreach personnel, increased health insurance coverage, expanded mobile health services and a home visiting program. Build on current models—

school-based services, community health centers, etc.—that combine prevention-oriented resources and treatment services.

Recommended Funding Level 20%

5. Enhance current programs (such as those at child care centers, schools, etc.) to improve **nutrition** among children and families. Increase funding of these programs (such as WIC) to serve more families who are not currently eligible. Expand nutrition education through all means.

Recommended Funding Level 3%

6. Expand and retain a highly qualified **child development workforce** by improving wages and benefits (via stipends and a PERS-type benefits program), establishing a Professional Development Academy that includes standard training as well as providing training in cultural competence and special needs, encouraging use of curricula to promote healthy behaviors, offering education support services for child care professionals (loans and grants), connecting health and other agencies with providers for training, and encouraging business development through a countywide recruitment plan for family child care providers and

child development teachers, with special recruitment and training of ethnically diverse child care providers.

Recommended Funding Level 13%

7. Expand **subsidies** to make quality **child care** available to more low-income families in the county by increasing direct and Alternate Payment Provider subsidies, creating a child care fund for foster parents of young children, subsidizing school-site child care for teen mothers and/or advocating to raise eligibility levels for subsidized child care.

Recommended Funding Level 12%

8. Establish a countywide **child care facilities** fund and action plan that would result in new and expanded facilities. This could include advocating to change zoning and other restrictions, improving existing family child care homes and child care centers via loans and grants, providing start-up support and resources for family child care providers and providing technical assistance (e.g., construction, financing, etc.).

Recommended Funding Level 2%

9. Increase **early identification for children with learning differences** and link to appropriate intervention services. This includes increasing partnerships between health providers and child development professionals, offering on-site screening and detection at child care locations, and educating parents about early detection and intervention through their child care providers.

Recommended Funding Level 8%

10. Increase **affordable enrichment programs** (art, music, drama, drawing, dancing and other creative activities) for young children. Integrate children with special needs and from all cultures rather than separating them. Offer these programs at existing community/youth centers, one-stops and schools, at times when parents can participate and with opportunities for them to volunteer.

Recommended Funding Level 2%

11. Strengthen and expand neighborhood associations and other **neighborhood-based initiatives** in areas that need assistance and ensure that outreach and services are culturally appropriate. This could include linking with parent educators, creating babysitting

Santa Clara County

co-ops and playgroups, providing tutoring, conducting needs assessments and asset mapping within neighborhoods, partnering with police and fire services for neighborhood watch and emergency preparedness programs, holding regular community gatherings and cultural activities, creating neighborhood bartering clubs, creating community gardens and partnering with community-based organizations to serve apartment complexes. It also includes linking association leaders with one another, linking association members with the ambassador program, increasing cultural competency among law enforcement, and linking schools and neighborhood groups.

Recommended Funding Level 4%

Funding levels sum to 95% (excluding administration and evaluation costs and investment in an endowment fund). The remaining 5% is placed in reserve to allow the Commission flexibility to add funding to specific strategies as warranted.

Other key strategies

Although these strategies were not prioritized to receive funding within the first three years, they are considered important in the overall plan if

the goals and objectives are to be met. The Commission will forge partnerships with other local groups to champion efforts. In addition, these strategies may receive funding in years four and five.

12. Expand traffic and auto safety efforts such as car seat and bike helmet requirements and programs (including culturally diverse education and training), pedestrian and bicycle laws and education programs, zebra-striped crosswalks, bike lanes and installation of speed bumps.
13. Increase the number of families who can afford to meet their basic needs such as food, health care, child care, housing and transportation by implementing a number of policy and service changes.
14. Conduct a series of community education/outreach/advocacy programs, targeting different audiences with specific messages, including tobacco cessation.
15. Increase sustainability of programs by educating funders about challenges faced by nonprofits, appropriate funding cycles and how to encourage collaboration instead of competition; provide support for nonprofits seeking funding.
16. Reduce violence in the home by (a) increasing the amount of assistance available to battered women of all cultures and their children; (b) enhancing drug and alcohol treatment programs by making them more affordable and available to a greater number of people; and (c) increasing anger management classes and other counseling opportunities. Partner with and enhance existing successful programs.
17. Increase the capacity of local health services.
18. Enact and strengthen policies and laws that will create healthier homes and communities for children—tobacco, lead, toxics, ground-level ozone, poor drinking water quality, etc.
19. Provide incentive grants to family child care homes and child development centers to increase quality and accessibility.
20. Expand child care/preschool and kindergarten curricula to teach healthy behaviors to children at a very young age.
21. Create an online, interactive forum for residents to provide input to civic leaders on a variety of issues affecting families and early childhood development.

Funding Allocation Process

The Commission has selected 11 strategies to fund over the first three years and has assigned funding percentages to each strategy. To complement these findings, the Commission is in the process of developing an allocation process. Deliberations are underway as to how funds will be allocated within each strategy. Among the areas to be considered are: What populations are to be served? Will the funds be used for direct service? What requirements will be included for leveraging funds?

The Commission has received a significant amount of input from community members and service providers. Some of the values participants identified as critical to the success of the allocation process:

- Cultural and Linguistic Competency
- Integrated Continuum of Services
- Accessibility
- Non-Traditional Services
- Collaboration
- Technical Assistance

The Commission has benefited from these recommendations and will offer further opportunities for community input once the draft of the allocation process is completed.

Evaluation Plan

The Commission's plan for evaluation combines the state requirements for assessing the impact of services from an outcomes perspective with the Commission's need to establish process measures and build local capacity to measure outcomes. The evaluation design will identify the long and short-term measures for the eleven priority strategies at three levels of impact: individual children and families; the service delivery system; and the Santa Clara County community. The evaluation will use several methods to document the impact: service provider reports; service provider self-assessments; community indicators; and community and service user surveys.

The evaluation design will be phased in over three years in order to acknowledge the need to build data collection capacity among the provider community. The Commission will provide expert training, consultation, and other

support to allow service organizations to increase their skills. There will be an evaluation advisory group responsible for ensuring that the evaluation is responsive to community input, feasible for providers to implement and addresses the critical issues facing young children and their families in Santa Clara County.

A Call to Action

The Proposition 10 Strategic Plan was the creation of the people of Santa Clara County—from parents and child care providers to health care professionals and policymakers. Now is *not* the time for the hundreds of people involved to take a step back and watch how the plan is implemented. It is time for all of us to continue our involvement and make it happen. Although it sounds like a lot of money, \$27.5 million (an amount that will decrease over time) is actually a small sum when one considers the ambitious scope of work laid out in this Strategic Plan.

It will not all happen without more involvement, more support—financial and otherwise—from all sectors of our community. What can **you** do?

Santa Clara County

Parents

Continue to monitor how the plan is implemented and look for opportunities to voice your needs to the Commission and to agencies who can apply for funding to provide the services you need. Perhaps more importantly, you can team up with your neighbors—either in an existing neighborhood association or a new association of neighbors—and develop a Prop. 10-fundable program to serve the specific needs of your neighborhood.

Community members

Get to know the children in your neighborhood. Become a mentor and a role model for the kids around you.

Community-based organizations and other nonprofit providers

Look for opportunities to expand your successful programs and to team up with one another to enhance or create new programs to meet the plan's goals and objectives. Identify opportunities to integrate your services with those of other organizations.

Foundations and other funders

Work with your grantees and each other to develop Prop. 10 proposals that will leverage other resources.

Policymakers and public agency staff

This plan and the needs articulated in it present an unusual opportunity to tailor services to help families be more successful in Santa Clara County. Express your leadership by making clear policy changes to support children and families in every aspect of their lives.

Business community

Step up to the plate and acknowledge that you, too, bear a responsibility to the children of our county and look for opportunities to contribute—either through supporting employees who are parents through policies, subsidies and on-site services, or by becoming a partner in funding programs that will meet the plan's goals and objectives. Better yet—actively help implement the 21 strategies in this plan.

These are just a few examples of what specific groups can do to ensure that the work done over 1999-2000 to identify the needs of young children and their families, and develop recommendations to meet those needs is not going to sit in a thick planning document, getting dusty on planners' shelves or propping open a door.

The document you hold in your hands carries the hopes and aspirations of 160,000 youngsters—your sons, your daughters, your nieces

and nephews, your grandchildren, your neighbor's children, your friend's children.

Don't let children—any of them—fall through the cracks. Be part of the safety net that ensures that they thrive—physically, emotionally, intellectually and spiritually.

Make it happen.

1. Proposition 10 Summary

On November 3, 1998, California voters approved Proposition 10—the Children and Families First Act. The Act increases sales taxes on cigarettes and other tobacco products by 50 cents to fund early childhood development and smoking prevention and cessation programs. Specifically, the purpose of the Act is to:

- Promote, support and improve the early development of children prenatal to age five;
- Establish and coordinate comprehensive, integrated programs emphasizing community awareness, education, nurturing, child care, social services, health care and research; and
- Provide for greater local flexibility in designing effective service delivery systems and eliminating duplication.

Focus of the Act

The measure has three strategic results: improved child health, improved child development, and improved family functioning. To achieve these results, the state guidelines focus on the following activities:

- Parent education and support services;
- The availability and provision of high quality, accessible and affordable child care;
- The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and
- The provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings and treatment services not covered by other programs.

“There is a compelling need in California to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age.”

— California Children and Families First Act of 1998

“Ultimately, this investment will help families form the secure attachments that give children the foundation for a positive life—enabling them to grow up happy, healthy and safe from harm... But even more important, by investing in our children early we can save them from a future of unfulfilled promise and broken lives.”

— Rob Reiner, film director and Chair, California Children and Families Commission

State and Local Governance

A new state commission and local commissions in each county have been created to administer the \$700 million annual funding stream created by the Act.

State commission

The California Children and Families Commission is responsible for the state-level administration of the measure, which includes developing program guidelines, reviewing county plans, and conducting annual program review and evaluation. The seven-member commission also spends twenty percent of the available revenues annually on mass media communications, parent and provider education, child care, research and administration.

County commissions

Eighty percent of the available revenues are allocated annually to county commissions. Each five- to nine-member commission is responsible for developing a strategic plan to guide the expenditure of local Prop. 10 funds. Local planning efforts must be consistent with state guidelines and programs must be reviewed and evaluated annually.

2. Introduction

IN THE FUTURE IN SANTA CLARA COUNTY:

All our children thrive—physically, emotionally, intellectually and spiritually—inclusive of all social and economic status, culture, life experience and special needs. To support them, families across the county’s rich mix of ethnicities, cultures, generations and lifestyles have quality housing, education, food, health care, child care and transportation. Providing a circle of support for families, the entire community shares responsibility for the care and nurturing of our children.

Stimulating, affordable child care and preschools. Confident, self-sufficient parents and caregivers. Medical care that is accessible, financially, culturally and physically. Safe streets and neighborhoods. A place to turn for families who don’t know where to go. A good life. A future.

A chance for every child.

Today we know more than ever about the influence of early experiences on a child’s emotional and physical health, educational success and future economic well-being. All of these outcomes hinge, in large part, on their experiences before entering first grade. Recent research showing the lasting impact of environment on a child’s brain development in the first three years clearly demonstrates the importance of a healthy start.

Despite this, public spending on programs for children has historically centered on kids after they are in school—when much of the harm is *already* done. Following the lead of film director and activist Rob Reiner, state voters approved Proposition 10, the California Children and Families First Initiative in November 1998. Prop. 10 raised the tax on tobacco products by \$.50 a pack to pay for programs to promote the healthy development of young children—from before birth to age 5.

The legislation called for a new state commission and local commissions to administer the program. Twenty percent is for statewide programs for children and families designed by the state commission. Eighty percent of revenues generated by the new tax were earmarked for county commissions to support local programs for children and families.

The nine-member Santa Clara County Children and Families First Commission was appointed in November 1999. The commission



is charged with adopting and implementing a strategic plan for spending Prop. 10 funds in Santa Clara County. This includes determining how to distribute an initial anticipated \$27.5 million annually (expected to decline in subsequent years)—what kind of allocation process will be used, whether to set aside funds for any specific purposes, who will be eligible for funds, how applicants can apply for funds and so on—as well as deciding how to measure the results. For help in developing the strategic plan, they turned to the Early Childhood Development Collaborative, an existing effort, for assistance.

A Strategic Plan for Santa Clara County

Here in Santa Clara County, some local officials were already ahead of the game when Prop. 10 was passed—and they wanted to start a movement. The Early Childhood Development Collaborative was founded by County Supervisor Blanca Alvarado in January 1998 as a call to action to offer a “chance for every child.” She hoped the Collaborative would build on early brain research and the

county’s resources, so all children could aspire to the “highest lifetime achievements.”

Drawing on parents and foster/adoptive parents; child care providers and other caregivers; and experts in education, health care, mental health, safety, violence prevention, parent and family education, and business, the Collaborative became a sweeping effort to develop and set in motion a vision for the young children of the county that ensures their physical, mental and emotional well-being. That vision also blended an assumption that families’ basic needs like housing and food are met with a hope that the whole community will take an active interest in caring for and nurturing children.

When voters passed Prop. 10, the focus of the Collaborative shifted. Designated an official advisory body to the Santa Clara County Children and Families First Commission, the Collaborative was charged with leading a community-based process to develop a strategic plan to guide expenditure of Santa Clara County’s allotment of Prop. 10 funds.

In response, more than a thousand Santa Clara County residents have worked together in a comprehensive process over the last year to create the Prop. 10 Strategic Plan. This diverse

group of participants became genuinely engaged in the process and was guided by the following “core beliefs”:

- Ongoing community participation is vital to the success of this initiative.
- Families and children live in diverse neighborhoods and communities. Communities within the county, therefore, must be involved in identifying local strengths and challenges and setting priorities.
- Successful strategies and programs build upon the strength of families, children and communities.
- While special attention must be paid to those with the least support and fewest resources, all children need nurturing relationships, opportunities, values and positive self-esteem to grow up physically and emotionally healthy.

Participation

The participatory planning process was composed of these basic elements:

COMMUNITY INPUT AND ENGAGEMENT

Santa Clara County families and other advocates for children were asked throughout the

process to comment on the key challenges affecting young children and *what should be done to address them*. Three rounds of local community meetings—focusing first on needs, second on desired outcomes and finally on strategies—were held at schools, community centers, family resource centers, nonprofit agencies and local government sites throughout the county. Questionnaires in English, Spanish and Vietnamese were distributed through community-based organizations, and more than 800 were completed. Almost 300 comment and commitment cards were received, along with more than 50 other pieces of correspondence. We received vital input and guidance from new parents and “veteran” parents, from teen parents, from grandparents and foster parents, and from other interested individuals.

Community members representing a broad spectrum were invited to participate in more philosophical discussions about the fundamental values that needed to be reflected in the plan and the distribution of funds.

At the end of each stage in the plan development process, these participants came together in a countywide collaborative meeting to review the results of each phase. These large collaboratives discussed, amended and affirmed the work

done during that phase and prepared for the subsequent task. Total attendance at the four countywide collaboratives exceeded 800 people. In all, 43 meetings and discussions were held with community members.

Once a draft plan was developed, the Commission hosted five public hearings—in the Northern, Central, and Southern regions of the county, as well as for the Spanish- and Vietnamese-speaking communities (see Appendix F).

EXPERT / PARTNER GUIDANCE

Special teams of “expert partners” who have worked for years to support families and young children were brought together at each stage of the process to discuss and strategize on specific early childhood development topics. Experts in the fields of child care, education, child safety, parent education and support, and physical and mental health provided invaluable experience and knowledge concerning existing resources, service gaps, barriers to improving care and strategies. Many of these expert partners also participated in the countywide collaboratives, and a number provided individual counsel as well.

“I hope Sabrina will benefit from Prop. 10 because she is our only child. I want what’s best.”

“I hope all children in our county will benefit from Prop. 10 because I care.”

“I hope Monica will benefit from Prop. 10 because she needs to be raised in an environment where children are a priority in the community and in the eyes of elected officials, media and policymakers.”

— Collaborative participants,
January 29, 2000

DATA COLLECTION AND ANALYSIS

Data were collected and analyzed to provide a firm foundation for the strategic plan. In cooperation with our community partners, we developed quantitative information to fully describe the current needs of Santa Clara County children and families and the gaps between these needs and available resources (see *The Children and Family Needs Profile*, Appendix B). We identified strategies that have been proven, in Santa Clara County and elsewhere, to improve children’s lives (see *Best Practices for Children and Families*, Appendix D). And we developed *Selected Resources Research for Priority Strategies* (see Appendix C) to document key resources for children and families in the county that we can build upon with Prop. 10 funding of the priority strategies.

Our planning process

A six-step planning process was followed (more detailed description of the planning and participation process is included in Appendix A). Because Santa Clara County is one of the most diverse large counties in the state, the Collaborative took extra measures to ensure that all communities had an opportunity to actively participate in the planning process.

STEP ONE: IDENTIFY NEEDS, ASSETS AND GAPS

Local Community Team (LCT) meetings took place in each supervisorial district. These were supplemented by two meetings of Expert/Partners in the fields of child care/early education, parenting education, health, and child safety and security. The countywide Collaborative meeting at the end of this step drew 300 people, who reviewed the identified needs, resources and gaps.

STEP TWO: DEVELOP GOALS, OBJECTIVES AND INDICATORS

Once again, LCT meetings in six locations attracted family members and local providers to discuss potential goals, objectives and indicators. These were followed by five Expert/Partner meetings in the fields of parent education, health, child care, education and neighborhood safety. A second countywide Collaborative meeting drew even more parents eager to discuss the goals, objectives and indicators in the Strategic Plan.

Another method used was a series of focus groups with specific ethnic groups, representing the Russian, Laotian, Ethiopian, Cambodian, Indo-American, Chinese and Filipino communities. In addition, focus groups were held with

representatives of the African-American faith community as well as with homeless families.

STEP THREE: DEVELOP STRATEGIES, PROGRAMS, SERVICES AND PROJECTS

Six LCT meetings were held in local communities to solicit input on proposed strategies from the people who will benefit from them: families.

Two half-day countywide meetings were held to discuss the planning process and products to date with the Spanish-speaking community and the Vietnamese-speaking community. Latino Day, held in November 1999, and Vietnamese Day, in December 1999, attracted 300 participants each and were conducted in their native languages.

Results from all these outreach efforts were refined in three Expert/Partner meetings—this time spread across three geographic areas—and discussed at the third countywide Collaborative meeting on January 29, 2000.

STEP FOUR: ESTABLISH FUNDING PRIORITIES

Step Four consisted of the most challenging task: taking the final list of strategies, developing criteria to determine which strategies would be prioritized for funding in the first three years and recommending a percentage proportion of

funds for these “priority” strategies. In this last step, we completed the *Selected Resources Research for Priority Strategies* as well as best practices documentation associated with the priority strategies.

In addition to relying on one large Expert/Partner meeting with representatives from the various subject areas, the final step employed two different methods to involve community members and experts: three two-part “dialogue” meetings with invitees representing a cross-section of the community and six “leadership” meetings with leaders representing education, the faith community, the non-profit/ foundation sector, city government and county government. A final countywide Collaborative on March 11, 2000, gave families and other participants an opportunity to review the priority strategies and discuss potential funding proportions.

STEP FIVE: DEVELOP A FUNDING ALLOCATION PROCESS

The Commission created an Allocation and Evaluation Committee and charged them with drafting an allocation process. The Committee engaged a consultant to assist them in:

- Collecting information about the different allocation processes used by human service organizations, foundations and other grant making organizations;
- Identifying the critical elements of allocation processes; and
- Recommending an allocation process to implement the strategic plan.

The Committee has benefited from the community input gathered throughout the planning process and will offer further opportunities for community input once the draft of the allocation process is completed. The Commission will then approve the process, draft a request for proposals and establish review panels.

STEP SIX: DEVELOP AN EVALUATION PLAN

The Allocation and Evaluation Committee is also responsible for the evaluation process. It will be implemented over three years, beginning with collecting limited outcome information from all providers using their existing instruments, and then documenting long-term outcomes and services. The Commission will provide expert training, consultation and other support to allow service organizations to increase their evaluation skills. There will be an evalua-

tion advisory group responsible for ensuring that the evaluation is responsive to community input, feasible for providers to implement and addresses the critical issues facing young children and their families in Santa Clara County. Service users, service providers and general community members will serve on this oversight group. They will review the evaluation design and data collection tools, monitor the impact of the evaluation of service users and providers and make recommendations to the Commission for improvements in the evaluation.

Community Voices

We found many parents willing to step up and clearly state what they would like to see from the Prop. 10 Strategic Plan. Five basic messages emerged from discussions with families and those who work with them:

1. **Families need the “basics” of modern life: adequate financial resources, education, affordable housing, sufficient food, good transportation and a healthy, safe community.** Raising healthy children in Santa Clara County presents challenges for *every* family. For families who are struggling with job,

income, housing or food issues (sometimes in devastating combinations), not just parenting, but everyday survival can become nearly impossible.

2. **The multifaceted needs of the county’s youngest children demand that we build an integrated system of services that parents can access easily before their children enter school.** That system must be easy to understand and to navigate. Well-intentioned efforts are less than effective if they are not designed to work together to treat children and families in a holistic manner.
3. **Resources and services for children and families must be provided in such a way that they are used and embraced by families of all languages, cultures, ethnicities and different needs.** We are home to a rich mix of ethnicities and cultures and more than 50 languages. Two-thirds of our young children are Latino, Asian American or African-American. Complex service systems, which are hard for many parents to navigate, are particularly difficult for those not proficient in English. Perhaps most importantly, many families either don’t use services for which they are eligible or can’t problem-solve issues with health care providers, schools or other entities *because they are not comfortable*

dealing with individuals and institutions who do not respect their culture.

4. **Families need to be involved in designing and implementing solutions.** Santa Clara County’s greatest resource for improving the lives of young children is its parents and caregivers. Over and over, parents asked that Prop. 10 funds be used to help parents and communities help themselves. They want better tools and resources, so they can work together creatively to improve both the lives of their children and their communities.
5. **A greater emphasis should be placed on prevention and early intervention.** Many participants in the community meetings have requested that we focus the majority of Prop. 10 funds on prevention and early intervention. This approach may take longer to show results, but community members believe that Santa Clara County must seize this opportunity to attack the root causes of problems involving children and families, instead of continuing to mostly treat symptoms.

On the following pages you will find our best effort to make sure all the children of Santa Clara County grow up healthy and have the greatest opportunity to succeed in life.

3. Needs, Resources and Gaps

This section of the plan describes the top issues facing Santa Clara County's children and families and summarizes the key resources available to them. It is a "snapshot" to see how our children and families are doing and to spotlight the areas of greatest need. The information contained in this section is based on the input and experiences of families and expert/partners as well as a review of numerous reports and studies on children in Santa Clara County. The complete *Children and Families Needs Profile* appears in Appendix B of this document, providing more detailed information from our research.

Who are Santa Clara County's children?

Thirty years ago, children in Santa Clara County were just as likely to grow up surrounded by open fields and orchards as by office buildings. The gap between rich and poor, while always there, was nowhere near as

vast as it is today. According to the California Department of Finance, 55 percent of jobs in Santa Clara County pay too little to support a family of four. Yet mean household income has increased by more than 20 percent in the last 10 years, a trend that will continue.

In fact, the percentage of children under age 18 living in poverty has increased by nearly 60 percent—despite the fact that the total population of children under age 18 has increased by only 17 percent.

Of the 34,000 households participating in the CalWORKs program, 79 percent live in San Jose, 5 percent live in Gilroy, and 3 percent live in both Sunnyvale and Santa Clara. The vast majority of these—more than 26,000 households—are headed by a single parent.

There is no longer an ethnic majority in Santa Clara County—no one ethnic group accounts for more than 50 percent of the population.

That said, the largest ethnic groups are white, Latino and Vietnamese. Our 160,000 children age 5 or under are even more diverse than the adult population. A little over one-third are Latino, a similar percentage is white, about a quarter are Asian and the remainder are African-American, Native American or another ethnic identity. They speak more than 50 languages and dialects.

Ethnic groups, however, are overrepresented among CalWORKs participants: Nearly 15,000 of the 34,000 households are Latino, 9,800 are Vietnamese, 2,200 are African-American and 1,400 are Cambodian. Whites account for 3,800 of the households. More than 22 other ethnic groups are represented.



Children and families have specific and compelling needs

The needs of children and families in Santa Clara County are grouped into four subject areas:

- Safe, Stable, Stimulating Homes
- Healthy Children
- Children Prepared to Succeed in School
- Safe Neighborhoods and Communities

For each subject area, we report:

- What do families and children need?
- Why is this important?
- What resources are currently available to children and families? (For a more complete description of resources, see Appendix C.)
- How are we doing?

Safe, Stable, Stimulating Homes

What do families and children need?

They need:

- Support and assistance to help parents improve their skills and be better parents,
- Much improved information and outreach about existing services for children and families,
- Sufficient income to be able to provide housing, health care and other essentials,
- Protection from abuse and neglect and from domestic violence, and
- A safe, secure and consistent home environment.

Why is this important?

A safe, secure home base is the physical center of a young child's life. All children must be protected from physical injury in and around the home. A consistent home environment is critical to a child's physical health and emotional security. Children who feel safe at home and who receive high levels of love and support from their families develop healthy emotional attachments to others.

Families without adequate jobs and income cut back on health care, food, housing, child care and other elements that are essential to healthy child development. Parents who are struggling to feed, shelter and clothe their families have an extra set of barriers that can make child-raising very difficult. Families who lack adequate transportation cannot take full advantage of services and resources that are available for their children.

Lack of education, confidence and nearby support for parents can have many negative effects on children: mental and physical health risks, and poor preparation for schooling, among other problems.

The wide variety of services available for children and families in Santa Clara County is of little value if families are not aware of them or do not feel comfortable using them.

WHAT RESOURCES ARE CURRENTLY AVAILABLE TO CHILDREN AND FAMILIES?

There are a series of information and referral services for child care, health care and other service areas. Operators include Community Coordinated Child Care Council, Community Technology Alliance, Choices for Children and the Mayfair Initiative.

Approximately 4,300 children are under the care and supervision of the Department of Family and Children's Services at any point in time. Half of these children are under 6 years of age.

Parent education and support activities are provided by a wide variety of organizations, including schools, health care providers, community organizations and local governments.

Government agencies and nonprofit organizations provide assistance to low-income families concerning employment, job training, housing and other "basics."

HOW ARE WE DOING?

Most young children in Santa Clara County live in safe and consistent home environments, but this is certainly not true for all children. Too many children are removed from their homes as a result of abuse and neglect. Many remain in foster care for extended periods or move from home to home.

The Santa Clara County Social Service Agency has about 400 licensed county foster care homes and a caseload of 4,330 dependent children of the court, of which about 50 percent are under the age of 6. Approximately 2,700 to

"I hope Carrie and Cameron will benefit from Prop. 10 because as a single parent teen family they struggle for success and for new hope on a daily basis."

— Collaborative participant,
January 29, 2000

“I hope Jose will benefit from Prop. 10 because he needs a foster family who can help him become the wonderful person he is supposed to become.”

— Collaborative participants,
January 29, 2000

2,900 children are placed out of their homes (staying with relatives, in foster homes or in the children’s shelter, for example). These children are placed into protective custody due to abuse and/or neglect and are considered to be *in crisis*.

Furthermore, children of color are disproportionately represented. The percentage of Latino and Native American children in foster care is two times their rate in the general population; African American children are represented at four times their rate.

Despite a strong economy and the highest median household income in California, many children in Santa Clara County still live in poverty. A significant number of poor children have at least one parent who works; housing prices and rents have increased dramatically in the last decade, forcing low-income families to live in substandard homes (often in unsafe neighborhoods), share housing with multiple families or move outside the county. Low-income families without cars are severely limited in their ability to access jobs, health care, child care and other “essentials.”

It is difficult to gauge how we are doing in ensuring that parents are getting the information, education and support that they need.

These vital inputs for good parenting do not lend themselves to statistical measurement. However, parents have consistently reported a strong desire for more information and greater support and education. In particular, they want better resources and tools that will enable them to help themselves and their neighbors become better parents.

Latino, Vietnamese, Ethiopian and other parents from diverse cultural groups (who now are more than 50 percent of the county’s parents of young children) report significant language and cultural barriers to their full use of services in the county, including health care, child care and other needed support. The inability to find out about specific services, the lack of comfort with service providers and, in some cases, overt racism are all serious issues that affect a large and growing part of our community.

Following are the **primary gaps** identified by the community. These are not in any order of priority.

Gap 1

Overall, parents need more assistance and support. More parenting classes need to be taught in Spanish, Vietnamese, Chinese, Russian and other languages. Immigrant parents report they

need more education and support in adjusting to new cultural norms. In general, more—and perhaps all—parents need someone to turn to for help. This has been a particular concern in the Latino community. It was also voiced by the homeless and other low-income parents as well as those with less than a high school education. Finally, foster parents lack respite and child care, sufficient financial support and access to mental health services.

Gap 2

Information about existing resources and services needs to be more accessible to parents. Most important, information needs to be provided in multiple languages including Spanish, Vietnamese, Tagalog, Chinese, Russian, Cambodian and others.

Gap 3

Too many families cannot afford to meet their or their children's basic needs. While many more parents have found employment through the CalWORKs program, low-wage workers still struggle to find affordable housing and many lack transportation. Affordable housing is a top concern for Latino, Vietnamese, Cambodian, Laotian, Ethiopian and homeless families. These same families rely almost exclu-

sively on buses and light rail for trips to jobs, shopping, child care and school.

Gap 4

Far too many young children are in the child welfare system. More permanent resolutions are needed for children who cannot return home. Unfortunately, due to a shortage of foster and foster/adoptive homes—particularly for Latino, African-American and Asian children—young children are either placed with families that do not speak their language, experience multiple moves or remain in foster care far too long. The developmental implications of these experiences for an infant or toddler are serious, and often tragic.

Gap 5

Domestic abuse occurs in too many families, and often children witness this abuse. Increased education and support are needed for victims of abuse and their children. Latino, African-American, Vietnamese, Filipino, Cambodian, Ethiopian and homeless families report that domestic abuse is one of their key concerns.

“I hope Jessica and Teresa will benefit from Prop. 10 because I think they can benefit by having a safe place to play, by having good surroundings and by interacting with other children.”

— Collaborative participant,
January 29, 2000

“I hope Amanda will benefit from Prop. 10 because she is homeless. Her mom is a recovering addict and lacks the support she needs.”

— Collaborative participant,
January 29, 2000

Healthy Children

What do families and children need?

They need:

- Health insurance, especially for working families who are ineligible for Medi-Cal and not covered by employer/group plans,
- A simpler, more accessible, easy-to-understand system of publicly funded health care services,
- Comprehensive prenatal care for all women,
- Health services that focus on prevention,
- Prevention to keep children from the dangers of alcohol, drugs and tobacco in the womb and, after birth, in their homes,
- Better access to nutritious foods at home, child care and schools,
- Regular, preventive dental care for low-income families,
- Early identification and treatment of mental health and behavioral problems,
- Information and outreach about both healthy behaviors and health services,

- Expanded health services for children with special needs, and
- A reduction in teen births.

Why is this important?

For children to be healthy, they must start healthy—even before they are born—translating into a serious need for adequate prenatal care. Preventive care and early detection of diseases and conditions are critical to the health and development of young children. If children do not obtain care and services that they need in a timely manner, serious long-term health and developmental problems can result. Systemic approaches are necessary to create access to health care, promote awareness about health risks and result in positive behavior change that contributes to the health of the child, the family and the community.

What resources are currently available to children and families?

Seventy-four percent of Santa Clara County individuals aged 18 to 64 are covered by employer-based health insurance, privately purchased insurance, Medi-Cal or other public plans, and 16 percent are uninsured. Healthy Families provides insurance for more than 6,600 children aged 0 to 18 whose families are

ineligible for Medi-Cal but whose incomes are less than 200 percent of the federal poverty level.

Health services are provided by an extensive system of privately and publicly funded organizations and individuals. Low-income families can access services in their communities through 23 community health clinics, 11 school health centers, 21 school-linked services sites, Regional Public Health Nursing Services, mobile health vans and other service providers.

The Public Health Department's Maternal, Child and Adolescent Health Program (MCAH) provides and supports a series of services for specific groups of children and families. Examples include the Child Health and Disability Prevention Program (low-income children), the Comprehensive Perinatal Services Program (Medi-Cal-eligible pregnant and postpartum women), Adolescent Family Life Program (teen parents) and the Black Infant Health Program (pregnant African-American women).

Community-based health services are an important part of the service delivery system. Examples include the Mayview Community Health Center, Indian Health Center and the

Community Clinic Immunization Project. The Community Health Partnership provides vital support for community-based health services.

Outreach to underserved populations is conducted by a variety of entities. Examples include Valley Community Outreach Services, First Things First Coalition, and Perinatal Outreach and Education Program.

There are more than 25 key coalitions and collaboratives addressing children and family health issues in the county. Examples include the Anemia Task Force, Gilroy Collaborative, Community Health Partnership, Adolescent Pregnancy Prevention Network, Childhood Immunization Partnership, First Things First Coalition and CONCERN for Kids.

How are we doing?

Santa Clara County is making steady progress towards child/maternal health objectives for 2000 and 2010 for prenatal care, infant mortality, immunizations, adolescent births and breastfeeding. In some cases, the county has already surpassed the national Year 2000 and Year 2010 objectives.

However, low-income families continue to have significant health care problems. CalWORKs

"I hope Eileen will benefit from Prop. 10 because she began life with so many challenges and needs: physical, emotional, social. The burden on her family was great and they were so unprepared as to how to help her."

— Collaborative participant,
January 29, 2000

“I hope Daniel will benefit from Prop. 10 because the mother is very young—pregnant with her third child. She has a 2-year-old and a 4-year-old. She speaks no English and tells us ‘I have no concept of how to be a good mom and help my children develop and be ready for kindergarten.’”

— Collaborative participants,
January 29, 2000

participants rate medical and dental care for their families as top needs. Almost half of residents without health insurance say their access to health care is poor or only fair. Many low-income residents report that the cost of health care has prevented them from seeing a doctor in the last year. Other top barriers are inconvenient office hours, difficulty in getting an appointment, lack of transportation when they needed it and language/cultural differences.

Latino parents rate health care as a major problem, focusing on health insurance for all families (regardless of legal status), prenatal care and adolescent births as three primary issues. Vietnamese, Filipino, Cambodian, Chinese and Indo-American parents report that increased health care coverage is a top issue, particularly for working families “caught in the middle” whose incomes are too high for Medi-Cal or Healthy Families, but too low to pay for health care.

Following are the **primary gaps** identified by the community. These are not in any order of priority.

Gap 1

Many children do not have health insurance because their families (a) are not eligible for

Medi-Cal, (b) are not covered by employer-based plans and (c) cannot afford private insurance. Many eligible for Healthy Families have not enrolled. Concern about lack of insurance was voiced specifically by the African-American, Latino and Vietnamese communities.

Gap 2

Health services are too complex to navigate, and families need a “medical home” that would give families one central information and referral point for all health services.

Gap 3

Too many women, particularly Latino, Native American, African-American and teen mothers, are either not receiving prenatal care or are seeking it late in their pregnancy. This can lead to low birth-weight, the incidence of which is higher among births to African-American, Native American and teen mothers.

Gap 4

Health care organizations are not focused enough on prevention—proper primary care and clinical prevention services could prevent many unnecessary hospitalizations, and Southeast Asian, Latino and homeless children are in greater need of on-time immunization.

Gap 5

Despite warnings and public education, a significant percentage of teen mothers still test positive for alcohol or drugs at the time of birth.

Gap 6

More comprehensive and culturally appropriate nutrition programs are needed for infants and young children to reduce anemia and hunger among low-income children and address weight issues. This was particularly important to African-American families.

Gap 7

Low-income and homeless families report that finding dental care for their children is nearly impossible. Very few dentists provide services to these children, including those with Medi-Cal coverage.

Gap 8

Some children and families who need mental health services are not being properly identified and served. Although a concern across many groups, access to mental health was a top issue identified by homeless families. More training about how to recognize and treat mental health problems in infancy is needed for providers. Children need more consistent environments in

infancy to form attachments and reduce the need for mental health services later.

Gap 9

Many children with special needs—including speech and language impairment, mental retardation, orthopedic impairment, specific learning disabilities and autism—are not properly identified and referred for services. There is a shortage of behavioral management specialists to work with children with disabilities and to teach parents how to deal with behavioral issues.

Gap 10

While showing a decrease in recent years, birth rates remain high for Latino and Native American teens. San Jose has the largest number of adolescent births each year, particularly within the East Side Union High and San Jose Unified school districts.



“I hope Russell will benefit from Prop. 10 because he could benefit from quality child care that helps him develop a strong sense of self that will enable him to make healthy choices later in his life.”

— Collaborative participant,
January 29, 2000

Children Prepared to Succeed in School

What do families and children need?

They need child care that:

- Is affordable, especially for working families who are ineligible for subsidies and cannot pay full cost,
- Is stimulating and promotes healthy development,
- Is located near home or worksites and available at times that fit with the increasing number of jobs that require evening, night or weekend hours,
- Complements and supports the values and practices of the county’s diverse cultures, and
- Serves children with special developmental needs.

In addition, they need information and services for parents and child care providers that helps them prepare children for kindergarten, as well as greater understanding of healthy brain development and improved ability to support it.

Why is this important?

Over half of young children in Santa Clara County need child care. As the CalWORKs program moves thousands of individuals into the workforce and the Bay Area continues to attract an equally high number of high-tech employees, the demand for child care is rapidly increasing. Quality child care and early education experiences (both in and out of the home) are vital to brain development in young children. Long-term research studies have proven that quality preschool programs produce positive community results such as a reduction in adult criminal behavior, increased school success and a reduction in dependence on welfare.

What resources are currently available to children and families?

There are 52,034 licensed child care spaces in 1,554 licensed family care facilities and 594 licensed child care centers. In addition, a significant, but unknown, number of children are cared for by family members and unlicensed providers. There are nearly 12,000 subsidized “slots” in licensed child care, with the annual income limit for most kinds of subsidized care only \$37,611.

How are we doing?

At every stage of the Prop. 10 planning process, parents and those who work directly with families have clearly identified a significant lack of affordable, accessible, high-quality and culturally appropriate child care.

Latino families rank child care as one of their most critical needs, particularly quality, affordable child care in Latino neighborhoods. Similarly, Vietnamese parents decry the significant lack of child care in their communities. And parents from the Russian, Cambodian, Laotian and Indo-American communities as well as homeless families all report more child care as one of their top needs.

Turnover among child development professionals is high. In addition, the child care industry is experiencing a rapid depletion of its workforce. The rising cost of living in the Bay Area, and Santa Clara County in particular, is forcing many early childhood teachers out of the area, shrinking the pool of teachers available to fill child care teaching positions. The local economy, with its booming job growth, leads to intense competition for this shrinking pool. Child care programs in Santa Clara County are finding it impossible to generate the funds necessary to increase salaries to the level that will

enable them to recruit and retain quality teaching staff.

Despite the fact that the booming economy is increasing the demand for child care, most employers still do not provide child care benefits to their employees.

Part of the solution is to bring more funds into child care and more employers into the child care arena. The burden of support thus far has fallen largely on public entities, leaving the corporate sector free to employ young parents without accepting some of the burden for funding the child care upon which that employment depends.

One indicator of future school success is third grade reading competency. In 1999, slightly more than half of Santa Clara County third graders were at or above the national average. Even this figure is deceiving since competency rates vary widely among school districts (92 percent of children in the Los Altos Elementary School District were at or above the national average, compared to 21 percent in the Alum Rock Union Elementary School District) and also appear to reflect family income levels of children within these districts.

“I hope Hilda will benefit from Prop. 10 because she is a single mother of three who escaped an abusive marriage and is now supporting her 3 children. She is a gifted and dedicated teacher. Supporting her family on a child care salary is extremely hard.”

— Collaborative participant,
January 29, 2000

Santa Clara County



Following are the **primary gaps** identified by the community. These are not in order of priority.

Gap 1

Child care demand is greater than supply, particularly demand for child care centers and infant care. Licensed child care supply for children under age 6 is particularly lacking in Central and East San Jose, as well as parts of Mountain View, Los Altos, Palo Alto. Little to no vacancy exists for center-based infant care in most of San Jose and parts of Cupertino, Los Gatos, Mountain View, Palo Alto, Santa Clara and San Martin.

Gap 2

Quality child care is expensive—more than doubling in cost in the last 10 years—and there is not enough subsidy funding. At least 12,000 eligible children are on the waiting list for subsidized care. This was a particular concern among the homeless.

Gap 3

There is a child care staffing crisis in this county. In this strong economy with many job choices available, it is hard to attract and retain qualified staff at the low average pay rates available to them. Staff turnover is high and consequently threatens quality of care. In addition to

the problem of turnover, the child care industry is experiencing a rapid depletion of its workforce, due to low staff wages and the increase in the cost of living in Santa Clara County.

Unlicensed child care providers—often without insurance, training or adequate facilities—make it difficult, in some neighborhoods, for licensed family care providers to compete against their lower prices and many parents use this substandard care.

Gap 4

Only a small percentage of licensed child care providers offer extended-hour, evening, week-end or sick care. Family child care homes offer more flexible hours than child care centers.

Gap 5

An inadequate percentage of family child care and child care center providers speak Vietnamese, Chinese and Korean compared to the percentage of families who speak these languages in the home. These groups and others report being uncomfortable with child care centers, in particular, due to a lack of cultural competence.

Gap 6

Parents of children with special needs have difficulty finding affordable, quality child care.

Specialized care is expensive, and many families are not eligible for the programs that are subsidized. Very few non-specialized child care providers have the training necessary to work with special needs children.

Gap 7

Too many children with learning impairments are not being identified and assisted prior to entering kindergarten. School success for these children can be improved considerably by increasing early identification and intervention. This was a particular concern among the African-American community.

Safe Neighborhoods and Communities

What do families and children need?

They need:

- Greater tolerance among and between various groups within the county,
- Better safety on neighborhood streets and at nearby parks and schools,
- More opportunities for “connections” among neighbors and for different groups to play and work together on a neighborhood level,
- More “positive” recreation activities for children, teens and families, and
- Less air, water and ground pollution.

Why is this important?

Children are heavily influenced by both positive and negative forces in the community in which they live. At an early age, children begin to seek stimulating activities and to observe the interactions of those around them. In supportive, connected communities, children have more positive adult role models to turn to for companionship, support and guidance.

On the other hand, communities (including our “media communities”) where violence, racism and other similar behaviors are prevalent can not only jeopardize the safety of children, they can have a powerful, negative influence on a child’s beliefs, attitude and self-esteem.

Cultural diversity must be accepted, embraced and valued in Santa Clara County if children are to develop healthy personalities and become confident adults who are proud of their heritage and able to contribute to our community’s progress.

What resources are currently available to children and families?

Residents in a number of Santa Clara County communities have formed neighborhood organizations such as the Jackson Taylor, Burbank and Mayfair McLaughlin Corridor neighborhood associations. These organizations improve their neighborhoods by connecting residents to resources, taking action on specific issues and working with city governments.

Neighborhood and community events have been used in many areas of Santa Clara County to bring different groups together and to expose residents to the county’s rich and diverse cultural traditions.

“I hope Melissa will benefit from Prop. 10 because she is a single mom with a 10-month-old son with cerebral palsy. She needs...quality child care so she can work.”

— Collaborative participants, January 29, 2000

There are a number of programs and initiatives in the county to address safety issues. Examples include the Violence Prevention Program, Santa Clara Child Care Health Consortium, the Mayor’s Gang Prevention Task Force, Violence Prevention Coalition and the Traffic Safe Communities Network.

How are we doing?

Santa Clara County is growing rapidly and becoming much more diverse. Between 1990 and 1997, the county grew by more than 10 percent. At the same time, immigration from other countries and relatively high birth rates among certain groups are increasing the county’s diversity. Currently, 53 percent of the population is white, 23 percent Latino, 20 percent Asian/Pacific Islander and approximately 4 percent African-American.

Significant population growth and increasing diversity present both opportunities and challenges for raising healthy, confident children. On the one hand, this large community, rich with cultural traditions, now offers children and their families a broad range of community activities as well as numerous opportunities to expand their awareness of other cultures. On the other hand, racism and discrimination affect our community in strong and pervasive

ways, making life more difficult for Latino, Vietnamese, Chinese, African-American families and others from diverse cultures.

At the same time, as our community grows larger, some people feel less connected to other residents and to services. While this lack of “connection” is difficult to measure or even describe, community members have, throughout the strategic planning process, spoken out strongly for activities and strategies that would help them to “build community” and increase neighbor-to-neighbor support.

Community safety is an important issue to many families and therefore to children. At a number of community meetings, participants voiced their concerns over neighborhood safety issues, often involving juveniles and gangs, that made it difficult for their families to use neighborhood parks and local streets for recreation and play.

Environmental quality is affecting the health of Santa Clara County children. For example, while the Bay Area’s air quality has improved significantly over the last 20 years, Santa Clara County has experienced more than 20 high-ozone days in three of the last five summer smog seasons. Ozone pollution has the greatest

negative effect on young children, asthma sufferers and the elderly.

Following are the **primary gaps** identified by the community. These are not in any order of priority.

Gap 1

Tolerance of diverse races, cultures and lifestyles must be increased in our communities. Prejudice and racism are problems that continue to plague both families and children. Both the Latino and Vietnamese communities specifically voiced this concern.

Gap 2

More children need to be protected from injury. Hospitalizations for unintentional injuries are highest among children age 0 to 4. Falls account for the greatest number of injuries, with motor vehicle accidents second and other transport injuries third.

Gap 3

Families need more safe places where children and youth can play. Vietnamese, Latino, African-American, Russian and homeless families are particularly concerned about making parks and streets safe for children.

Gap 4

More opportunities are needed for community members and neighbors to connect with and support one another.

Gap 5

Poor air quality is causing health problems for a significant number of the county residents. Environmental smog and dust can cause asthma and other respiratory problems for young children. Other environmental issues, such as lead found in soil and paint, are a threat to young children as well. The greatest number of children with elevated blood lead levels are found in Central and East San Jose, as well as along the 101 corridor in Gilroy and Morgan Hill.



4. Goals, Objectives and Indicators

Santa Clara County residents have painted a compelling picture of how they want the future to look for families and children in our community, starting with the vision statement presented in the opening pages of this plan. Through the planning process, participants defined both broad and specific results to be achieved over the next five years (see Appendix A for description of process used to develop goals and objectives). In addition, a set of community-wide indicators was developed for the Children and Families First Commission to gauge progress toward improving the overall condition of young children and families in our community. The resulting framework offers a clear statement of what Santa Clara County seeks to achieve through Prop. 10 and forms the basis for evaluating the success of our efforts.

The framework on the following pages includes these components:

- **Goals**—The four goals are long-range (five to 10 years) statements of desired change.
- **Long-Term Objectives**—The long-term objectives describe the measurable change in conditions for families and children to be achieved in four to five years. Long-term objectives are deemed either maximum impact (MAX) or high impact (HIGH). (See Appendix A for criteria used to differentiate maximum-impact objectives from high impact). While both will lead to achievement of the goals, addressing maximum-impact objectives has the greatest potential to create lasting change in our community.
- **Short-Term Objectives**—The short-term objectives describe measurable programmatic change to be achieved in one to three years. (Progress toward these objectives is partially linked to the level of Prop. 10 investment; priority was given to achieving the important maximum-impact long-term objectives.)
- **Child and Family Indicators**—These are community-level measures used to determine whether the overall condition of young chil-

dren and their families is improving. They differ from performance measures, which will be used to determine whether the programs, services or projects funded through Prop. 10 are achieving both short- and long-term objectives.

The strength of Santa Clara's Prop. 10 framework lies in how it was developed. The results were defined by community members and mirror those previously articulated by existing public and private health, child care, family support, and neighborhood organizations and initiatives. Because the framework resonates with a broad cross-section of the community, it creates a strong foundation to expand collaboration and service integration. Furthermore, due to the momentum created through the planning process, the Santa Clara County community is committed to ensuring that the investment in early childhood development services and activities over the next five years yields powerful results.

GOAL 1

Families provide safe, stable, loving and stimulating homes for children.

Impact Level	Long-Term Objectives WITHIN FOUR TO FIVE YEARS	Short-Term Objectives WITHIN ONE TO THREE YEARS	Child and Family Indicators
MAX	A. Increase the percentage of parents who feel knowledgeable and confident about raising healthy children.	a. Increase percentage of families with access to information and assistance in their preferred language. b. Increase capacity to provide parent support services.	<ul style="list-style-type: none"> Percentage of parents who report they have the information and support they need Child abuse/neglect report rates
MAX	B. Increase the proportion of children living in homes free of the effects of drug and alcohol abuse.	b. Increase capacity to provide parent support services.	<ul style="list-style-type: none"> Incidence of alcohol, drug and tobacco use in families with children 0-5 Child abuse/neglect report rates Domestic abuse report rates
MAX	C. Decrease the incidence of violence in the home.	a. Increase percentage of families with access to resource information and assistance in their preferred language. b. Increase capacity to provide parent support services.	<ul style="list-style-type: none"> Child abuse report rates Domestic abuse report rates
MAX	D. Increase percentage of families whose income is sufficient to cover costs of food, child care, health care, housing and transportation.	b. Increase capacity to provide parent support services.	<ul style="list-style-type: none"> Percentage of adults earning living wage Percentage of families with children 0-5 living in shelters or on the streets
MAX	E. Increase the percentage of children 0-5 in the child welfare system who find permanent homes within 18 months of placement.	a. Increase level of support and services for families who foster or adopt children 0-5 in the child welfare system.	<ul style="list-style-type: none"> Percentage of children 0-5 in foster care Average number of months spent in foster care Average number of placements for children 0-5 in foster care

GOAL 2

All children are born healthy and experience optimal health.

Impact Level	Long-Term Objectives WITHIN FOUR TO FIVE YEARS	Short-Term Objectives WITHIN ONE TO THREE YEARS	Child and Family Indicators
MAX	A. Increase the percentage of healthy births.	a. Increase percentage of families and children with health insurance. b. Increase percentage of mothers who receive prenatal care in the first trimester.	<ul style="list-style-type: none"> • Infant mortality rate • Rate of low-birth weight births • Percentage of births with late or no prenatal care
MAX	B. Decrease expectant mothers' use of alcohol, tobacco and other drugs.	b. Increase percentage of mothers who receive prenatal care in the first trimester.	<ul style="list-style-type: none"> • Percentage of infants born free of prenatal substance exposure • Rate of low-birth weight births
HIGH	C. Decrease the percentage of children under 5 regularly exposed to tobacco smoke at home.		<ul style="list-style-type: none"> • Percentage of households with children 0-5 where a smoker resides
HIGH	D. Increase the percentage of children who are up-to-date with immunizations at age 2.	a. Increase families and children with health insurance. c. Increase percentage of children 0-5 who have a specific source of ongoing care and who receive recommended primary care and dental care services at appropriate intervals.	<ul style="list-style-type: none"> • Percentage of children with age appropriate immunizations at age 2 and at kindergarten entry
MAX	E. Reduce the percentage of children 0-5 with nutritional deficiencies.	a. Increase families and children with health insurance. c. Increase percentage of children with a specific source of ongoing care. d. Increase percentage of children with access to nutritional food.	<ul style="list-style-type: none"> • Percentage of children 1-5 whose height-for-age is below the fifth percentile

GOAL 2 (cont.)

All children are born healthy and experience optimal health.

Impact Level	Long-Term Objectives WITHIN FOUR TO FIVE YEARS	Short-Term Objectives WITHIN ONE TO THREE YEARS	Child and Family Indicators
MAX	F. Reduce anemia for children 5 and younger.	a. Increase families and children with health insurance. c. Increase percentage of children with a specific source of ongoing care. e. Increase percentage of women who breastfeed their infants 3 to 6 months.	• Percentage of children 0-5 with anemia
MAX	G. Reduce the percentage of children age 2-4 with cavities in their primary teeth.	c. Increase percentage of children with a specific source of ongoing care.	• Percentage of children 2-4 with cavities in primary teeth
MAX	H. Reduce preventable hospitalizations for chronic illness among young children, such as pediatric asthma, pneumonia or influenza.	a. Increase families and children with health insurance. e. Increase percentage of women who breastfeed their infants 3 to 6 months. f. Decrease the number of high-ozone days per year in the Santa Clara Valley.	• Percentage of preventable hospitalizations for children 0-5
MAX	I. Reduce the percentage of parents and children 0-5 with mental and behavioral disorders.	g. Increase access to mental health care for children 0-5 and their families.	• Percentage of parents with children 0-5 who report untreated depression • Number of serious conduct disorders for children pre-K through 3 reported per year
HIGH	J. Reduce the percentage of children 1-5 with blood levels exceeding 10ug/dL to 0.		• Percentage of children 1-5 with blood lead levels exceeding 10ug/dL

GOAL 3

Young children actively learn about themselves and their world, both inside and outside the home, and enter school fully prepared to succeed academically, emotionally and socially.

Impact Level	Long-Term Objectives WITHIN FOUR TO FIVE YEARS	Short-Term Objectives WITHIN ONE TO THREE YEARS	Child and Family Indicators
HIGH	A. Increase the percentage of parents who can read.	a. Increase enrollment in family literacy programs. b. Increase library use. c. Increase reading activities.	<ul style="list-style-type: none"> • Literacy rates of parents/caregivers • Percentage of families using libraries
HIGH	B. Increase the percentage of parents who understand and are able to support the healthy development of children 0-5.	d. Increase access to parent education regarding healthy child development.	<ul style="list-style-type: none"> • Percentage of parents who can answer correctly a series of multiple-choice questions regarding child development
MAX	C. Increase the percentage of children entering kindergarten ready for school.	e. Increase number of subsidized child care slots. f. Increase number of licensed child care facilities. g. Increase number of fully qualified/permitted teachers. h. Decrease percentage of early childhood development professional turnover. i. Increase number of family child care homes and centers that meet nationally recommended standards of quality. j. Increase access to early screening and early intervention for child development delays.	<ul style="list-style-type: none"> • Percentage of children entering kindergarten deemed at readiness level by kindergarten teachers • Supply of subsidized child care slots • Supply of licensed child care centers and family child care homes • Rate of early childhood development professional turnover • Number of children with learning delays who are identified and referred for services

GOAL 4

Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected.

Impact Level	Long-Term Objectives WITHIN FOUR TO FIVE YEARS	Short-Term Objectives WITHIN ONE TO THREE YEARS	Child and Family Indicators
HIGH	A. Increase the percentage of young children who are safe walking, bicycling, playing or riding in a car in their communities.	a. Increase numbers of safe indoor and outdoor places in the community where families can gather and play. b. Increase traffic safety in neighborhoods.	<ul style="list-style-type: none"> • Percentage of injury hospitalizations • Rate of juvenile and adult felony arrests • Rate of juvenile and adult drug and alcohol related crimes
MAX	B. Increase the percentage of families and children who feel accepted in their communities and not negatively affected by prejudice.	a. Increase numbers of safe indoor and outdoor places in the community where families can gather and play. c. Increase cross-cultural activities in communities for families and children.	<ul style="list-style-type: none"> • Rate of hate crimes • Percentage of adults who report their families feel accepted in their neighborhoods/communities
MAX	C. Increase the percentage of families with young children connected to neighbors and other community members.	a. Increase numbers of safe indoor and outdoor places in the community where families can gather and play. d. Increase percentage of children age 5 and younger with at least one positive adult role model.	<ul style="list-style-type: none"> • Percentage of adults who report feeling connected to neighbors and other community members